

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeSECRETARY OF THE SENATE  
14 JUL 15 PM 2:56

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Americans for Doug Truax

ADDRESS (number and street)

PO Box 4808

Check if different  
than previously  
reported. (ACC)

Oak Brook

IL

60522

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00546457

3. IS THIS
- 
- REPORT

NEW  
(N)

OR

AMENDED  
(A)

IL

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the  
State of

IL

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the  
State of

IL

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

D D / Y Y Y Y / Y Y Y Y

Y Y Y Y / Y Y Y Y / Y Y Y Y

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

D D / Y Y Y Y / Y Y Y Y

Y Y Y Y / Y Y Y Y / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sherry Gaskill

Signature of Treasurer Sherry Gaskill

Date

M M / D D / Y Y Y Y  
07 / 08 / 2014

D D / Y Y Y Y / Y Y Y Y

Y Y Y Y / Y Y Y Y / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)